

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023901

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 114

FILED JUL 13 1962

VS 300
Rev. 4/59

10610

20610

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hilway U.S. 36 Lingo		c. CITY OR TOWN Excello	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near New Cambria		d. STREET ADDRESS (If outside, give location) R.R. #2	
3. NAME OF DECEASED (Type or print) First JESSE Middle W. Last LEATHERS		4. DATE OF DEATH Month June Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Buyer		11. BIRTHPLACE (City and state or country) College Mound, Mo.	
13a. FATHER'S NAME Alex W. Leathers		14. NAME OF HUSBAND OR WIFE Maud W. Leathers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Maud Leathers Address Excello, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries Auto accident		INTERVAL BETWEEN ONSET AND DEATH Hidden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident	
20c. TIME OF INJURY 9:47 a.m.	Month, Day, Year 6-24-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1/4 mile West New Cambria Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Howard Muller MD (Degree or title)		22b. ADDRESS Macon	
22c. DATE SIGNED 6-27-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/26/1962	23c. NAME OF CEMETERY OR CREMATORY Richardsdale	23d. LOCATION (City, town, or county) (State) Bevier Mo.
24. FUNERAL DIRECTOR R. Lester Brann ADDRESS Macon, Mo.		25. DATE RECD. BY LOCAL REG. 7-7-62	26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Mass., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.